



General Assembly

January Session, 2005

Amendment

LCO No. 7600

SB0124907600SD0

Offered by:

SEN. WILLIAMS, 29th Dist.

SEN. LOONEY, 11th Dist.

SEN. GAFFEY, 13th Dist.

SEN. MCDONALD, 27th Dist.

SEN. CRISCO, 17th Dist.

SEN. MURPHY, 16th Dist.

To: Subst. Senate Bill No. **1249**

File No. 210

Cal. No. 207

"AN ACT CONCERNING PREFERRED PROVIDER NETWORKS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2005*) No health insurer,
4 health care center, hospital service corporation, medical service
5 corporation or fraternal benefit society that provides coverage under
6 an individual health insurance policy or contract for imaging services,
7 including, but not limited to, magnetic resonance imaging, computed
8 axial tomography or positron emission tomography, may impose a
9 copayment, deductible or other out-of-pocket expense for such
10 imaging services in any year by an amount in excess of one hundred
11 dollars per visit not to exceed three hundred fifty dollars per year for
12 all such imaging services combined.

13 Sec. 2. (NEW) (*Effective October 1, 2005*) No health insurer, health
14 care center, hospital service corporation, medical service corporation

15 or fraternal benefit society that provides coverage under a group
16 health insurance policy or contract for imaging services, including, but
17 not limited to, magnetic resonance imaging, computed axial
18 tomography or positron emission tomography, may impose a
19 copayment, deductible or other out-of-pocket expense for such
20 imaging services in any year by an amount in excess of one hundred
21 dollars per visit not to exceed three hundred fifty dollars per year for
22 all such imaging services combined."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	New section
Sec. 2	<i>October 1, 2005</i>	New section